



421 Wakara Way
Suite 208
Salt Lake City, UT 84108

Recipient's Address
Dr. Name
Clinic Name
Street Address
City, State, and ZIP

November 7, 2007

Dear Dr.

Pediatric Asthma

Pediatric asthma is complex and it can be difficult to monitor patient medication use. In an effort to improve the health of Utah Medicaid patients, we have implemented a new program to provide you information on your patients' medication use and visits to other providers.

Patient Selection

Pediatric patients with an increased risk of requiring emergent care or hospitalization are identified using Medicaid claims data. Selection criteria are based on studies of asthma risk and the National Heart Lung and Blood Institute (NHLBI) guidelines*. Some of the patients meeting these criteria are being cared for by your clinic. We hope to inform your management of these patients by providing you with their recent Medicaid claims history, including visits and/or Rx fills from other providers.

Included in this packet

- A detailed claims history and evidence-based recommendations for each patient identified as high risk for adverse outcomes
 - Suitable for insertion into the patient medical record
 - Please consider these in the context of clinical information you have about your patients
- EbPR program overview
- MTMS opt-out form
- Quality improvement survey

Corrections and Feedback

Your feedback can help us improve the accuracy, usefulness, and quality of this information. Please contact us with questions, concerns, or comments. Additionally, please let us know if you are not providing care to any of the patients in this packet.

Sincerely,

DRRC Reviewer Name
(801) 581-5575
request@utahdrcc.org

* Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma, 2007
(<http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm>)

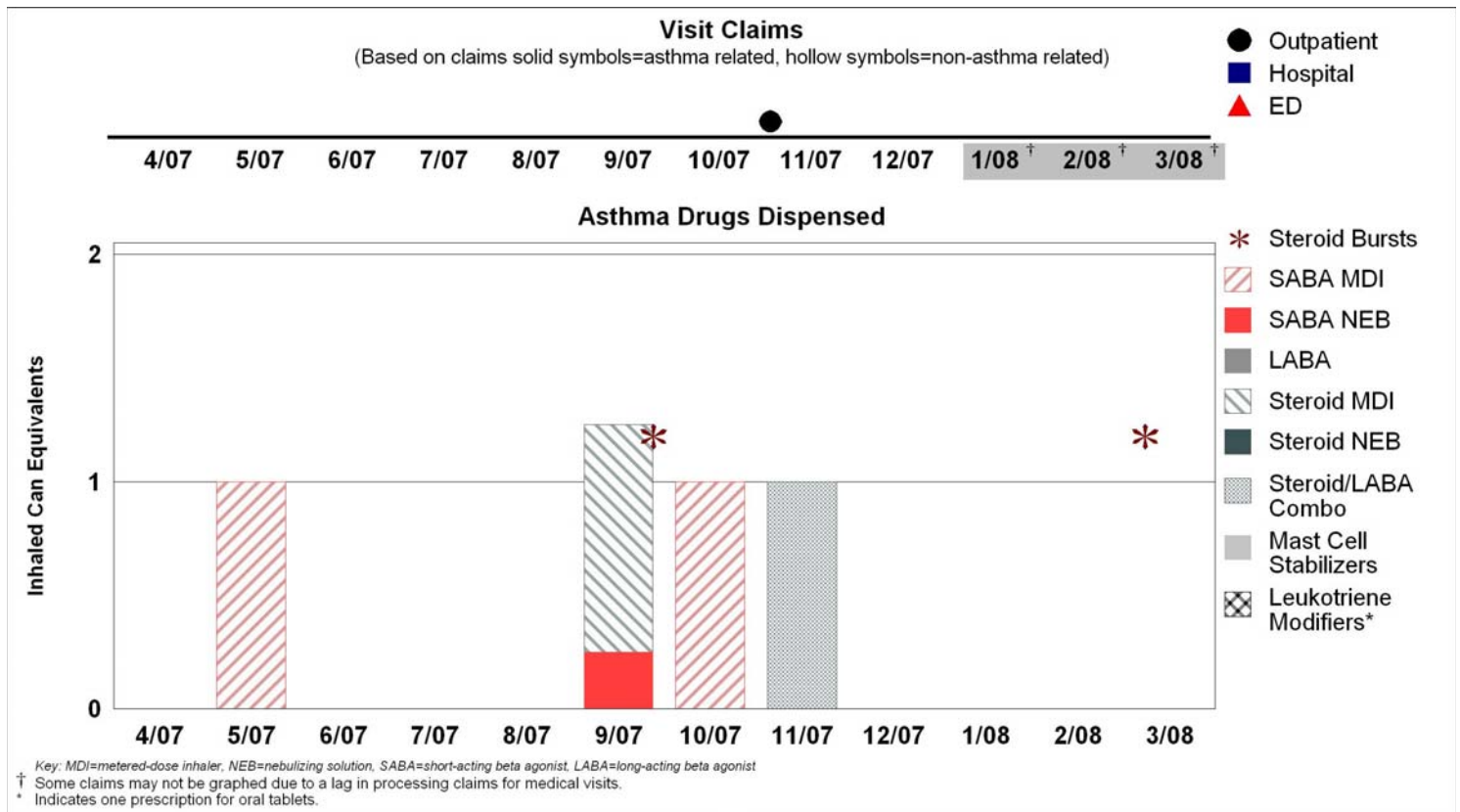


Patient ID: Last Name: First Name:
Prescriber Name: Sex: DOB: Age:

PHARMACIST RECOMMENDATIONS

Assessment	Recommendation	Reference
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PATIENT CLAIMS HISTORY





Evidence-based Pharmacotherapy Review
Utah Department of Health and University of Utah Health Sciences
421 Wakara Way, Suite 208, Salt Lake City, Utah 84108
Telephone 801.585.6871 / Fax 801.581.7442

Patient ID: Last Name: First Name:
Prescriber Name: Sex: DOB: Age:

COMPARISON OF PATIENT UTILIZATION AND NATIONAL GOALS

Average Number of Doses per Day *

Therapy	Past 12 Months	Past 3 Months	NHLBI Guideline Notes
Controllers			
<i>Preferred</i>			
Inhaled Steroids	0.33	0.00	≥1-2 doses per day indicates ideal use (approximately 1 inhaler per month). [1]
<i>Adjunct / Alternative</i>			
LABA	0.16	0.00	Add on only after inhaled steroid if more control is needed. [1]
Mast Cell Stabilizers	0.00	0.00	Add on only after inhaled steroid if more control is needed. [1]
Leukotriene Modifiers	0.00	0.00	Add on only after inhaled steroid if more control is needed. [1]
Relievers			
SABA	0.62	0.00	≥1.1 doses per day indicates asthma that is not well controlled (approximately 1 inhaler per 2.7 months). [1]

Indicators of Asthma Control

Medication Ratio [Controller / (Controller+SABA)]	0.47		≤0.5 doubles the risk of hospitalization. [1-3]
Number of Steroid Bursts	2.00	1.00	>1 per year indicates asthma that is not well controlled. [1]
Number of ED Visits	0.00	0.00	≥1 per year indicates asthma that is not well controlled. [1]

Key: LABA - long acting beta agonist, SABA - short acting beta agonist, ED - emergency department

* Average number of doses per day indicates the average number of doses administered each day for each medication averaged over the past 12 or 3 months. For metered dose inhalers, two actuations is equal to one dose. For more detailed information, please visit www.health.utah.gov/medicaid/pharmacy/ebpr.

References

1. National Asthma Education and Prevention Program (National Heart Lung and Blood Institute). Third Expert Panel on the Management of Asthma. Expert Panel report 3: Guidelines for the diagnosis and management of asthma. [Bethesda, Md.]: National Institutes of Health, National Heart, Lung, and Blood Institute; 2007.
2. Schatz M, Zeiger RS, Vollmer WM, et al. The controller-to-total asthma medication ratio is associated with patient-centered as well as utilization outcomes. Chest. Jul 2006;130(1):43-50.
3. Schatz M, Nakahiro R, Crawford W, Mendoza G, Mosen D, Stibolt TB. Asthma quality-of-care markers using administrative data. Chest. Oct 2005;128(4):1968-1973.

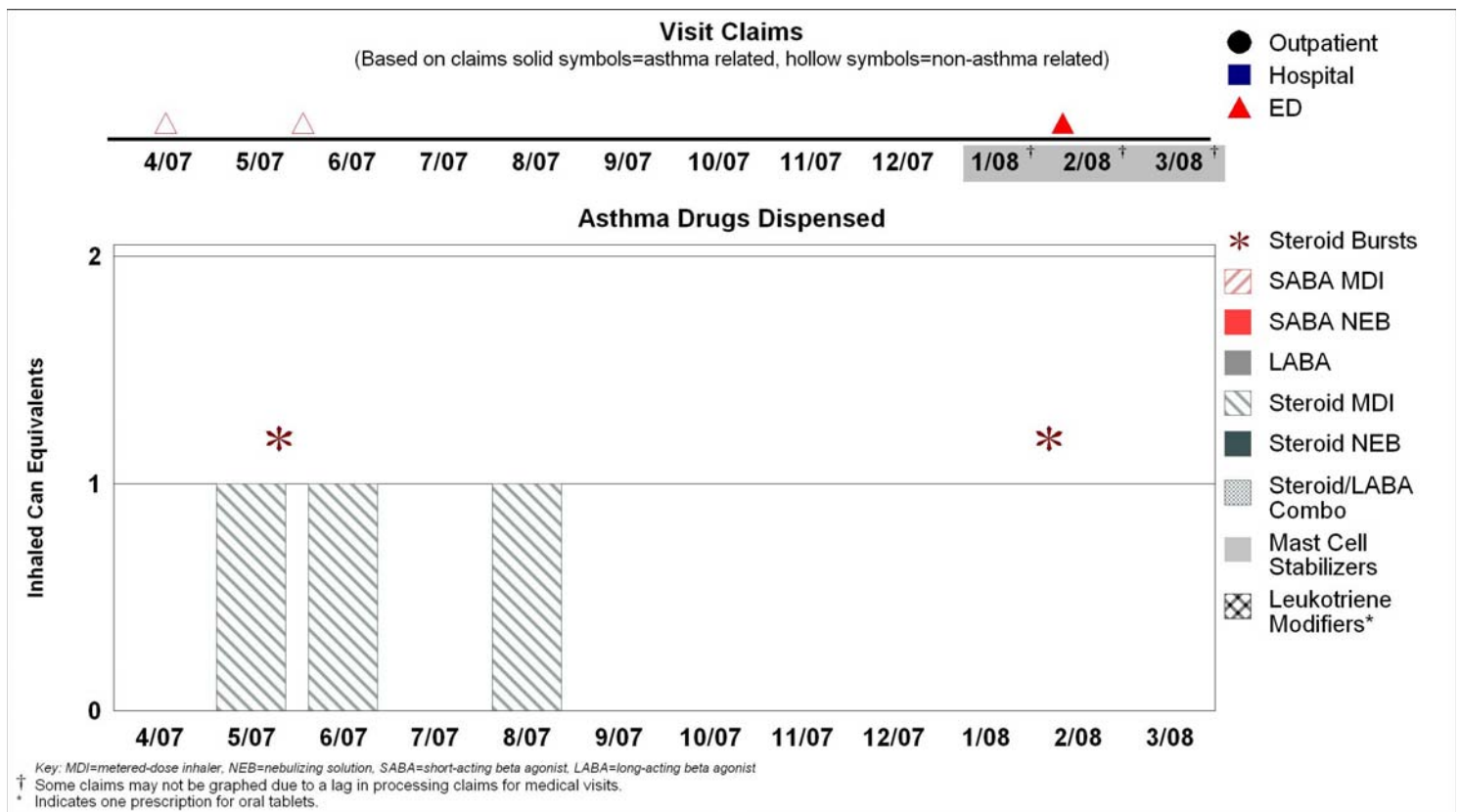


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COMPARISON OF PATIENT UTILIZATION AND NATIONAL GOALS

Average Number of Doses per Day *

Therapy	Past 12 Months	Past 3 Months	NHLBI Guideline Notes
Controllers			
<i>Preferred</i>			
Inhaled Steroids	0.49	0.00	≥1-2 doses per day indicates ideal use (approximately 1 inhaler per month). [1]
<i>Adjunct / Alternative</i>			
LABA	0.00	0.00	Add on only after inhaled steroid if more control is needed. [1]
Mast Cell Stabilizers	0.00	0.00	Add on only after inhaled steroid if more control is needed. [1]
Leukotriene Modifiers	0.00	0.00	Add on only after inhaled steroid if more control is needed. [1]
Relievers			
SABA	0.00	0.00	≥1.1 doses per day indicates asthma that is not well controlled (approximately 1 inhaler per 2.7 months). [1]

Indicators of Asthma Control

Medication Ratio [Controller / (Controller+SABA)]	1.00		≤0.5 doubles the risk of hospitalization. [1-3]
Number of Steroid Bursts	2.00	1.00	>1 per year indicates asthma that is not well controlled. [1]
Number of ED Visits	1.00	1.00	≥1 per year indicates asthma that is not well controlled. [1]

Key: LABA - long acting beta agonist, SABA - short acting beta agonist, ED - emergency department

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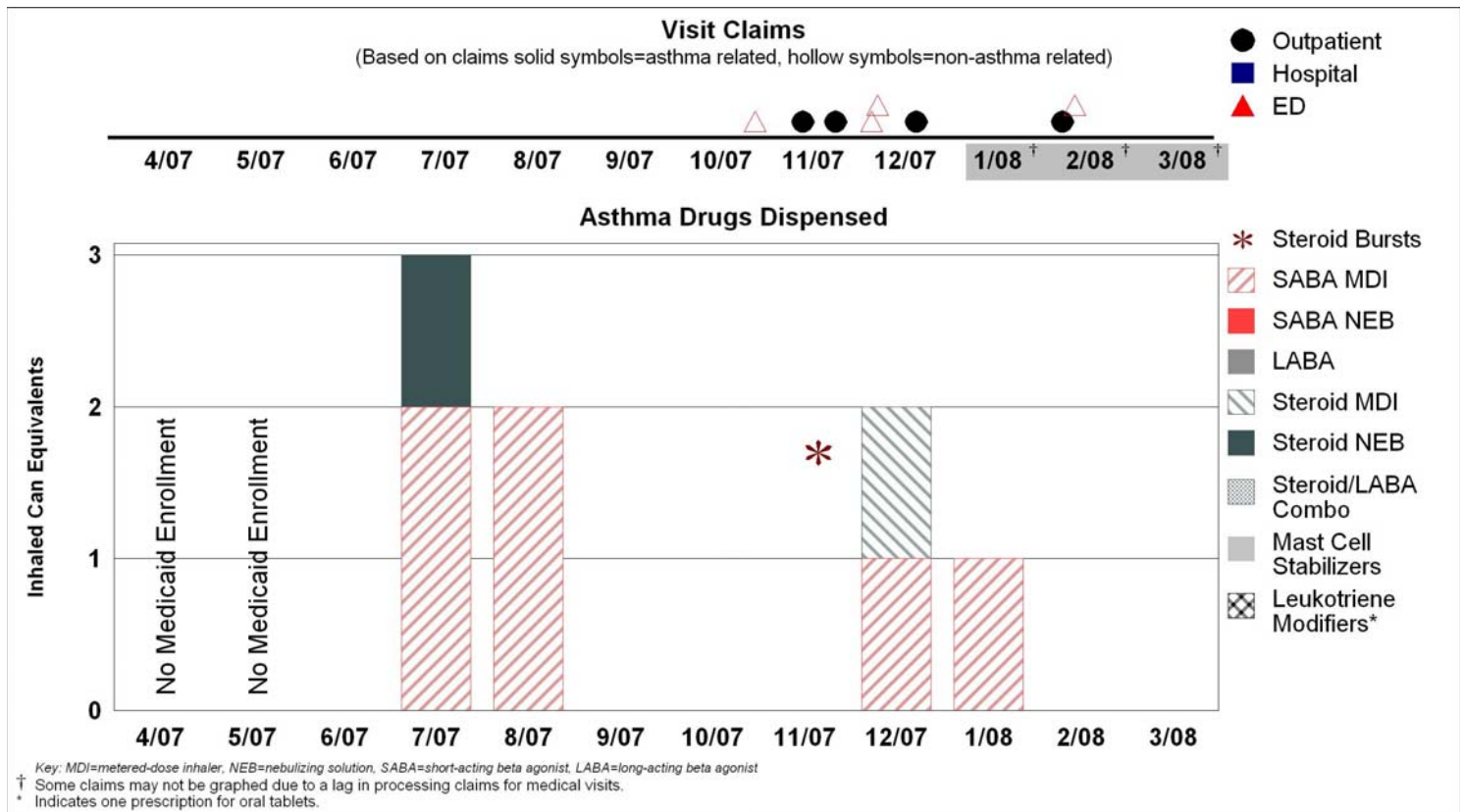


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COMPARISON OF PATIENT UTILIZATION AND NATIONAL GOALS

Average Number of Doses per Day *

Therapy	Past 12 Months	Past 3 Months	NHLBI Guideline Notes
Controllers			
<i>Preferred</i>			
Inhaled Steroids	0.33	0.00	≥1-2 doses per day indicates ideal use (approximately 1 inhaler per month). [1]
<i>Adjunct / Alternative</i>			
LABA	0.00	0.00	Add on only after inhaled steroid if more control is needed. [1]
Mast Cell Stabilizers	0.00	0.00	Add on only after inhaled steroid if more control is needed. [1]
Leukotriene Modifiers	0.00	0.00	Add on only after inhaled steroid if more control is needed. [1]
Relievers			
SABA	1.64	1.11	≥1.1 doses per day indicates asthma that is not well controlled (approximately 1 inhaler per 2.7 months). [1]

Indicators of Asthma Control

Medication Ratio [Controller / (Controller+SABA)]	0.25		≤0.5 doubles the risk of hospitalization. [1-3]
Number of Steroid Bursts	1.00	0.00	>1 per year indicates asthma that is not well controlled. [1]
Number of ED Visits	0.00	0.00	≥1 per year indicates asthma that is not well controlled. [1]

Key: LABA - long acting beta agonist, SABA - short acting beta agonist, ED - emergency department

* Average number of doses per day indicates the average number of doses administered each day for each medication averaged over the past 12 or 3 months. For metered dose inhalers, two actuations is equal to one dose. For more detailed information, please visit www.health.utah.gov/medicaid/pharmacy/ebpr.

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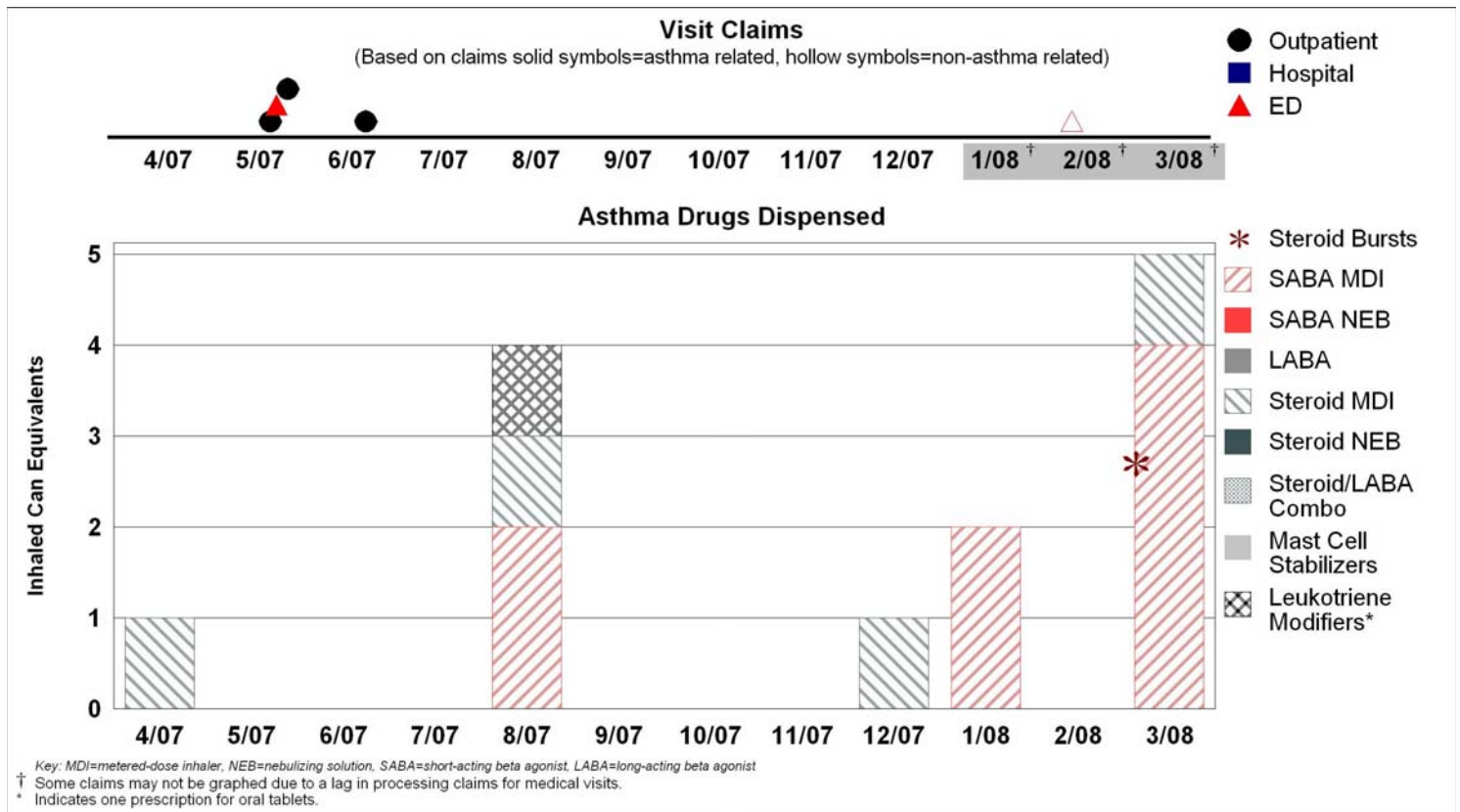


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Telephone 801.585.6871 / Fax 801.581.7442

Patient ID: Last Name: First Name:
Prescriber Name: Sex: DOB: Age:

COMPARISON OF PATIENT UTILIZATION AND NATIONAL GOALS

Average Number of Doses per Day *

Therapy	Past 12 Months	Past 3 Months	NHLBI Guideline Notes
Controllers			
<i>Preferred</i>			
Inhaled Steroids	0.66	0.67	≥1-2 doses per day indicates ideal use (approximately 1 inhaler per month). [1]
<i>Adjunct / Alternative</i>			
LABA	0.00	0.00	Add on only after inhaled steroid if more control is needed. [1]
Mast Cell Stabilizers	0.00	0.00	Add on only after inhaled steroid if more control is needed. [1]
Leukotriene Modifiers	0.08	0.00	Add on only after inhaled steroid if more control is needed. [1]
Relievers			
SABA	2.19	6.67	≥1.1 doses per day indicates asthma that is not well controlled (approximately 1 inhaler per 2.7 months). [1]

Indicators of Asthma Control

Medication Ratio [Controller / (Controller+SABA)]	0.38	0.14	≤0.5 doubles the risk of hospitalization. [1-3]
Number of Steroid Bursts	1.00	1.00	>1 per year indicates asthma that is not well controlled. [1]
Number of ED Visits	1.00	0.00	≥1 per year indicates asthma that is not well controlled. [1]

Key: LABA - long acting beta agonist, SABA - short acting beta agonist, ED - emergency department

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421 Wakara Way
Suite 208
Salt Lake City, UT 84108

Evidence-based Pharmacotherapy Review Program

The purpose of this program is to provide un-biased, non-commercial information and support to local providers to help in their care of Utah Medicaid patients. In the case of pediatric asthma, this support may include:

- Identification of patients with possible asthma control issues
- Provision of patient-specific recommendations to improve control
- Clinician-led Process Engineering workshops at qualifying clinics
- Free Medication Therapy Management Services (MTMS) for qualifying patients
 - Telephone counseling

We understand that pediatric asthma patients can be difficult to efficiently manage. Our focus is on providing information and support to help improve patient adherence and prevent adverse events. Summaries representing your patients' level of control will be provided on a quarterly basis. We encourage you to share these summaries with your patients during their visits. Patient specific summaries are 1 page, front and back, and can be conveniently stored in the patients' medical record and available at their next visit.

Medication Therapy Management Services (MTMS)

MTMS is a clinical pharmacist-counseling program. Some patients will benefit more from MTMS than others. A selection of patients will be contacted by phone by one of our pharmacists who will consult with patients to identify control, knowledge, utilization, and technique deficits. Patients with technique deficits or multiple deficits will be referred to MTMS. The remainder of the patients will have their issues such as environmental triggers, or other knowledge deficits, addressed directly over the phone with the pharmacist. If identified as a good candidate for MTMS, the patient will be offered one-on-one counseling sessions at no charge. A clinical pharmacist will contact your patient directly to schedule appointments, will meet with the patient to address medication therapy issues, and will send you a report following each session. The specific components of this service include:

- Identifying drug therapy problems such as poor inhaler technique and compliance
- Developing a personalized care plan to resolve these problems
- Educating the patient further on points such as avoiding asthma triggers
- Following up with the patient to ensure that their drug therapy problems are resolved and the goals of therapy are being met

If you prefer that your patients not be contacted directly, you may opt out by completing the MTMS opt-out form on the last page of this packet. If you choose to opt-out your patients will be ineligible to receive both the phone consultation and the MTMS. If you choose to opt-out, please let us know why so we can use this information to improve the program.

Limitations

You are receiving data on these patients because you are one of their top two prescribers of asthma medication over the past 6 months. Because this information is derived from Medicaid pharmacy and medical claims, it will only apply to patients insured by Medicaid. There are also limitations to the accuracy and timeliness of claims data, so we ask that you consider our feedback and recommendations within the context of all the clinical information you have on each individual. Despite these limitations, we hope you find this information useful.

Quality Improvement Feedback Surveys

As part of our ongoing commitment to improve the care of Utah Medicaid patients, we appreciate any feedback regarding our methods of communicating information with you and your staff. We encourage you and/or your staff to complete and fax back the accompanying survey to improve our future mailings.

For more information, please visit <http://www.health.utah.gov/medicaid/pharmacy/ebpr>



FAX

Fax #: (801) 581-7442
Attn: Lisa Angelos
Phone #: (801) 581- 5575
e-mail: request@utahdrcc.org

Medication Therapy Management Service (MTMS) Opt-out

If you prefer that we not contact your patients directly, in order to enroll them in this free service, you may opt out by placing a check next to their name(s) and faxing this form to (801) 581-7442. *Please note: by opting out on this form, your patients will not be eligible for the telephone consultation or the MTMS program.*

☐ Last, First

Comments: -----

Please indicate below your reasons for preferring that your patients not receive this service. Thank you.

FAX

Fax #: (801) 581-7442
 Attn: Lisa Angelos
 Phone #: (801) 581- 5575
 e-mail: request@utahdrcc.org

Quality Improvement Survey

We've recently sent you a packet in the mail, containing the following: a) cover letter, b) patient-specific data, c) a description of the EbPR program, d) MTMS opt-out fax form, and e) a survey fax form. Please answer the below questions regarding this information.

How useful are these documents?

Please rate the usefulness of each component of this packet:

	Very Useful	Somewhat Useful	Neutral	Not Very Useful	Not at all Useful
Normative data representing your Medicaid practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient-specific data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient visit history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient Rx fill history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NHLBI Reference Table	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacist Recommendations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are the documents user-friendly?

Please rate the usability of each component of this packet:

	Very User-friendly	Somewhat User-friendly	Neutral	Not Very User-friendly	Not at all User-friendly
Normative data representing your Medicaid practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient-specific data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient visit history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient Rx fill history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NHLBI Reference Table	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacist Recommendations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How accurate do you feel this information is?

Please rate the accuracy of each component of this packet:

	Very Accurate	Somewhat Accurate	Neutral	Not Very Accurate	Not at all Accurate
Normative data representing your Medicaid practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient-specific data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient visit history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient Rx fill history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NHLBI Reference Table	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacist Recommendations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank-you for answering the above questions. Do you have any other additional comments?